

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BH	864	11-15-01
RESPONSE FORMALITY REVIEW	824	827	01-26-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	02/03/02
2	02/03/02
3	02/03/02
4	02/03/02
5	02/03/02
6	02/03/02
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8	02/03/02
9	02/03/02
10	02/03/02
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48	02/03/02
49	02/03/02
50	02/03/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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